

# MISSOURI STATE HIGHWAY PATROL PERSONAL HISTORY STATEMENT - TROOPER

#### INSTRUCTIONS: READ CAREFULLY BEFORE PROCEEDING.

These instructions will assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects, as it will be used as a basis for a background investigation to determine your eligibility for employment.

- 1. Your Personal History Statement should be printed legibly in black ink. Answer all questions to the best of your ability.
- 2. If a question is not applicable to you, enter NA in the space provided.
- 3. **Avoid errors** by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- 4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- 5. If there is insufficient space on the form for you to include all information required, attach extra sheets (8 1/2 x 11) to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- 6. An accurate and complete form will help expedite the background investigation. A pre-employment polygraph examination may be used to verify **deliberate omissions or falsifications** which may result in applicant disqualification.

#### FORWARD PERSONAL HISTORY STATEMENT TO:

### MISSOURI STATE HIGHWAY PATROL HUMAN RESOURCES DIVISION 1510 EAST ELM STREET JEFFERSON CITY, MO 65101

A. APPLICANT ID	ENTIFICATION - I	nformation provided in this section is	s used for identification purposes only.						
NAME: LAST, FIRST	, MIDDLE			SOCIAL SECURITY NUMBER					
STREET ADDRESS			CITY, STATE, ZIP CODE						
HOME TELEPHONE	NUMBER	BUSINESS TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER DATE OF BIRTH (MO/DAY/YR)						
( )		( )	( )						
ARE YOU LEGALLY	AUTHORIZED TO W	ORK IN THE U. S.?							
☐ YES [	□ NO IF NO, [	DO YOU HAVE A WORK PERMIT?	☐ YES ☐ NO						
HAVE YOU EVER HA	D YOUR NAME LEG	ALLY CHANGED?	IF YES, INDICATE PREVIOUS NAME(S	3)					
☐ YES [	□ NO								
DATE OF CHANGE			REASON FOR CHANGE						
B. RESIDENCES	- List all addresses Attach extra page		0 years, beginning with present addre	ss. List date by month and year.					
FROM	ТО	ADDRESS							

C. WORK HIST	ORY - Beginning with employment.	th your present or most recent job, list all Include all periods of unemployment. At	employment for the past 10 years, including part-time, temporary or seasonal ach extra pages if necessary.
1. FROM	ТО	EMPLOYER	
ADDRESS			
TELEPHONE NUM	BER	JOB TITLE	
DUTIES			
SUPERVISOR			NAME OF CO-WORKER
REASON FOR LEA	VING		
2. FROM	ТО	EMPLOYER	
ADDRESS			
TELEPHONE NUM	BER	JOB TITLE	
( ) DUTIES			
DOTIES			
SUPERVISOR			NAME OF CO-WORKER
REASON FOR LEA	VING		
3. FROM	ТО	EMPLOYER	
ADDRESS			
TELEPHONE NUM	BER	JOB TITLE	
( ) DUTIES			
SUPERVISOR			NAME OF CO-WORKER
REASON FOR LEA	VING		
4. FROM	ТО	EMPLOYER	
ADDRESS			
		1,	
TELEPHONE NUM ( )	BER	JOB TITLE	
DUTIES			
SUPERVISOR			NAME OF CO-WORKER
REASON FOR LEA	VING		<u>I</u>

5. FROM	ТО	EMPLOYE	ER								
ADDRESS	<u> </u>										
TELEPHONE NUMBER		JOB TITLI	JOB TITLE								
DUTIES		•									
SUPERVISOR				NAME OF CO-	-WORKER						
REASON FOR LEAV	ING										
6. FROM	то	EMPLOYE	ER								
ADDRESS	1										
TELEPHONE NUMBE	ΞR	JOB TITL	E								
( ) DUTIES											
BOTIES											
SUPERVISOR				NAME OF CO-WORKER							
DEACON FOR LEAV	INC										
REASON FOR LEAV	ING										
7. WERE YOU EVER	R DISCHARGED OR F	ORCED TO	RESIGN FROM ANY JOB BECAU	JSE OF ALLEG	ATIONS O	F MISCON	DUCT OR UNSATISFACTORY SERVICE?				
☐ YES [	□ NO IF YES,	PLEASE E	XPLAIN.								
D. SELECTIVE SE	RVICE REGISTRA	TION (MAI	LES ONLY) VE SERVICE SYSTEM?								
					REGISTE	RATION NU	IMBER				
☐ YES [		ST REGIST	TRATION NUMBER								
HAVE YOU SERV	ED IN THE U.S. ARME	ED FORCES	S?								
<ol> <li>HAVE YOU SERV</li> <li>DATE OF SERVICE</li> </ol>	E		BRANCH OF SERVICE			UNIT DES	SIGNATION				
FROM	ТО										
			CURRENT / HIGHEST RANK HE	:LD							
3. TYPE OF DISCHA	ARGE (If applicable)										
		IN THE MI	LITARY SERVICE (Include court-r	nartial, captains	mast, com	pany punis	hment, etc.)?				
	CHARGE		AGENCY	DA	ГЕ	AGE	DISPOSITION				

F. EDUCATIONAL HISTORY					
		DATES A	TTENDED	GRAD	UATE
1. HIGH SCHOOL(S) ATTENDED	CITY AND STATE	FROM	ТО	YES	NO
				DATEC	TTENDED
O COLLEGE(O) OR LINIVERGITY//IFO) ATTEMPER	CITY AND STATE			FROM	TO
2. COLLEGE(S) OR UNIVERSITY(IES) ATTENDED	CITY AND STATE			FRON	10
DEGREE RECEIVED		DA	TE OF DEC	BEE	1
SEGNEE NEGENES			0. 520	J. 1.L.L	
		l l		DATES A	TTENDED
COLLEGE(S) OR UNIVERSITY(IES) ATTENDED	CITY AND STATE			FROM	ТО
DEGREE RECEIVED		DA	TE OF DEC	GREE	
				DATES A	TTENDED
3. TRADE, VOCATIONAL, BUSINESS SCHOOL(S) ATTENDED	CITY AND STATE			FROM	ТО
DEGREE RECEIVED		DA	TE OF DEC	GREE	
					TTENDED
TRADE, VOCATIONAL, BUSINESS SCHOOL(S) ATTENDED	CITY AND STATE			FROM	ТО
		1			
DEGREE RECEIVED		DA	TE OF DEC	BREE	
G. SPECIAL QUALIFICATIONS AND SKILLS					
POST CERTIFICATION (Include the license class, certifying agency)	y agency you worked for including city and state, and dates of e	mnlovment )			
NOTE: This can be more than one.	y, agonoy you worked for molading only and state, and dates of or	npioymoni.,			
2. LIST ANY SPECIAL LICENSES YOU HOLD (Such as pilot, radio op	perator, scuba, etc.) SHOWING LICENSING AUTHORITY, ORIG	SINAL DATE	OF ISSUE	, AND DAT	E OF
EXPIRATION.					
3. LIST ANY SPECIAL SKILLS YOU MAY POSSESS (foreign languag	ge proficiencies, computer programming/skills, etc.)				

H. CRIMINAL HIS	H. CRIMINAL HISTORY								
1. HAVE YOU EVER	BEEN ARRESTED FOR, CONVICTED OF, OR PLED G	UILTY TO A FELONY?	☐ YES IF YES, COMPLETE						
	es for which you received a suspended imposition								
DATE	ALLEGED CRIME	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE						
2. HAVE YOU EVER	BEEN ARRESTED FOR, CONVICTED OF, OR PLED G	UILTY TO A MISDEMEANOR?	☐ YES IF YES, COMPLETE						
(Including charge	s for which you received a suspended imposition	of sentence, reduced sentence, or a military vi	olation)   NO THE FOLLOWING.						
DATE	ALLEGED CRIME	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE						
3. HAVE YOU EVER	BEEN ARRESTED FOR, CONVICTED OF, OR PLED G	GUILTY TO DOMESTIC VIOLENCE?  YES	□NO						
DATE	COUNTY	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE						
4. ARE YOU PRESE	NTLY ON PROBATION FOR ANY CRIMINAL OFFENSE	?							
E HAVE VOLLEVED	ILLEGALLY USED, SOLD, OR FURNISHED DRUGS O	ID NIADCOTICS TO ANYONE? □ VES □ NO UE	VEC EVELAIN IN DETAIL & INCLUDE DATES						
5. HAVE YOU EVER	TILLEGALLY USED, SOLD, OR FURNISHED DRUGS O	R NARCOTICS TO ANYONE?   YES   NO   IF	YES, EXPLAIN IN DETAIL & INCLUDE DATES.						
I. TRAFFIC REC	ORD								
1. DO YOU POSSES	S A VALID DRIVER LICENSE? DRIVER LICENSE NU	IMBER	STATE OF ISSUE						
	NO								
		aluda diiyaa liaasaa wuxubaa)							
2. LIST ALL STATES	WHERE YOU WERE ISSUED A DRIVER LICENSE (In	iciade driver license number)							
<ol><li>HAS YOUR DRIVE</li></ol>	R LICENSE EVER BEEN SUSPENDED OR REVOKED	? ☐ YES ☐ NO IF YES, GIVE DAT	E, STATE, & REASON.						
4 LIST MOTOR VEH	IICLE(S), CRAFTS, TRAILERS, ETC. CURRENTLY REC	CICTEDED OD TITLED IN VOLID NAME (Volir nama	listed on the title / lien)						
MAKE	MODEL YEAR	LICENSE/TITLE NUMBER STA	TE YEAR LICENSE EXPIRES						
5. LIST ALL DRIVING	CITATIONS YOU HAVE RECEIVED, EXCLUDING PA	RKING TICKETS.							
DATE	CHARGES	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE						
		,							
6. ARE YOU PRESE	NTLY ON PROBATION FOR ANY TRAFFIC OFFENSE?	P ☐ YES ☐ NO IF YES, EXPLAIN.	•						
I									

TRAFFIC OFFENSE, C	OR CHARGES F	FOR, CONVICTED OF, OR PLED GUILTY TO ANY REDUCED IN RELATION TO ALCOHOL RELATED Seived a suspended imposition of sentence.)	Y ALCOHOL F TRAFFIC OF	RELATED ☐ YES FENSES?	□ NO IF	YES, EXPLAIN	Ν.	
8. DESCRIBE IN A BRIE (Attach additional page)		ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE	E BEEN INVO	LVED, GIVING APPROXIMA	TE DATES AN	D LOCATIONS	i.	
, ,	<u> </u>							
J. FINANCIAL - Attacl	h additional pa	ages if necessary (Enter a "C" for checking or a "S" for savings in the		-110/011				
ACCOUNT #	C/S	NAME OF FINANCIAL INSTITUTION			CITY & STAT	ΓE		
LOANS (Include loans pre	eviously paid in f	iull or defaulted on within last 15 years.)		I	ODICINAL	MONTH	PRESENT	
ACCOUNT #	N	IAME OF LENDER / INSTITUTION	CITY & STATE  ORIGINAL MONTHLY PRES BALANCE PAYMENT BALA					
CREDIT CARDS								
CREDIT CARDS	NAM	IE OF CREDIT CARD		MONTHLY PAYMEN	Т	PRESENT BA	LANCE	

1. HAVE YOU EVER KNOWINGL	Y WRITTEN A "NO ACC	<u>000</u>	NT" CHECK?	□ Y	ES	□NO	IF YES, NUMB	ER WRITTEN	E	XPLAIN:
2. HAVE YOU EVER KNOWINGL	Y WRITTEN AN "INSUF	FIC	JENT FUNDS CHECK"?	? U Y	′ES	□NO	IF YES, NUMB	ER WRITTEN _	E	XPLAIN:
					_	_				
3. HAVE YOU EVER PETITIONE	ED FOR BANKRUPTCY?	,		ΠΥ	'ES	□NO	IF SO, WHEN	AND WHERE?		
K. REFERENCES - List five p	versons whom you kn		well enough to provid	le cur	rent info	ormation	ahout vou. Do	not list relative	es or former er	mnlovers.
NAME	elaulia milaini y		TREET ADDRESS, CITY				about you.	HOL HOL 15	33 01 1011	прюуста.
1. RELATIONSHIP	RESIDENCE PHONE		BUSINESS PHONE		BUSINE	ESS ADDF	RESS			YEARS KNOWN
NAME 2.		ST	     TREET ADDRESS, CITY	L /, STA	TE, ZIP	CODE				
RELATIONSHIP	RESIDENCE PHONE		BUSINESS PHONE		BUSINE	ESS ADDF	RESS			YEARS KNOWN
NAME 3.		ST	TREET ADDRESS, CITY	ſ, STA	TE, ZIP	CODE				
RELATIONSHIP	RESIDENCE PHONE	1	BUSINESS PHONE		BUSINE	ESS ADDF	RESS			YEARS KNOWN
NAME 4.		ST	TREET ADDRESS, CITY	, STA	TE, ZIP	CODE				
RELATIONSHIP	RESIDENCE PHONE		BUSINESS PHONE		BUSINE	SS ADDF	RESS			YEARS KNOWN
NAME 5.		ST	TREET ADDRESS, CITY	, STA	TE, ZIP	CODE				
RELATIONSHIP	RESIDENCE PHONE		BUSINESS PHONE			SS ADDF				YEARS KNOWN
L. LIST NAMES OF RELATIV	ES WORKING FOR	ГНЕ		HIGH	WAY P	ATROL.		lood or marria	T .	
NAME			RELATIONSHIP	+			NAME		HELA	TIONSHIP
				+						
		_								
M. PERSONAL DECLARATION	ONS	_		<del>_</del> _						
1. HAVE YOU MADE APPLICATION		WIT	1							NO
NAME OF DEPARTME	ENT / AGENCY			CCEP		GIVE F	REASON FOR RE	JECTION OR D	ECLINING THE	APPOINIMENI
			Y	ES	□NO					
			□ Y	YES	□NO					
			□ Ү	'ES	□NO					
		ļ	□Y	′ES	□NO					
ARE THERE ANY INCIDENTS     TION OF YOUR SUITABILITY F					NOT ME YES	NTIONED			CE THIS PATRO	DL'S EVALUA-
							<u> </u>			
3. ARE YOU NOW OR HAVE EVE					/EMENT				 IS WHICH ARE !	SUBVERSIVE OR
HAVE SHOWN POLICY ADVO					YES		IF YES, EXPL			
i e e e e e e e e e e e e e e e e e e e										

<b>N. PERSONAL BIOGRAPHY</b> - Include information from birth to present. (	Use only the space provided. Do not attach additiona	I sheet(s) for this section.)
O. APPLICANT CERTIFICATION		
IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR	DUTIES AS A POLICE OFFICER, COULD YOU DO SO?	☐ YES ☐ NO IF NO, EXPLAIN
ARE YOU WILLING TO RELOCATE ANYWHERE IN THE STATE OF MISSOURI?  ☐ YES ☐ NO	DO YOU HAVE A TROOP PREFERENCE?  □ YES □ NO IF YES, LIST TROOP(S)	
The Missouri State Highway Patrol reserves the right to	assign members to any location within the S	tate of Missouri.
I hereby certify that there are no willful misrepresentations, omissions, I am fully aware that any such misrepresentations, omissions, or femployment.		
I fully realize that willfully withholding information or making fals testing will be a basis for dismissal and permanent disqualificati information may be verified by a polygraph examination.		
SIGNATURE OF APPLICANT		DATE



## **Core Values**

We believe public trust and respect must be earned and are essential to attain our vision and accomplish our mission. To maintain public trust and respect we embrace the following values:

**Integrity** – Uncompromising in principle; honest; steadfastly adhering to a strict ethical code.

**Responsibility** – Accountability; trustworthiness; use of good judgment.

**Respect** – Fairness; without prejudice; appreciation for diversity.

**Professionalism** – High standards; dedicated to our mission; unified in purpose.

**Compassion** – Concern with human welfare; ability to appreciate feelings or emotions of others.

**Resourcefulness** – Creativity; the ability to be effective in difficult situations.

**Character** – We are committed to respecting individual dignity in all people and to providing services in a fair, consistent, and impartial manner to the best of our ability. As caring and innovative professionals, the men and women of the Missouri State Highway Patrol will strive to maintain a safe environment through a service orientated organization capable of addressing the most complex challenges that confront us.

**Commitment** – We are committed to providing services from knowledgeable, capable, and willing employees. We are committed to respecting each employee as an individual and for his or her role in the department. We are committed to maintaining the sense of pride and camaraderie within our department and to having a work place where employees are supportive of each other and loyal to the values and commitments of the department.

The Missouri State Highway Patrol is an Equal Opportunity Employer